A PERMANENT RECORD. Every item of inforshould state of OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. BINDING FOR SI WITH UNFADING INK-THIS be be MARGIN RESERVED mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY,

V. S. No. ż

STATE OF MARYLAND-	CERTIFICATE OF DEATH	1
--------------------	----------------------	---

1. PLACE OF DEATH		<u>(3)</u> 13365
County St Mary		Registration Dist. No. 21
Village or City St. O. Z	ing or 3	NoSt., Ward
	(II	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	0.0	13. 101 101g iii 0.0.1 01 1010g ii 01111.
2. FULL NAME mant	l.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH (Month) (Day) 193 (Year)
5a. If merried, widowed, or divorced HUSBANO of		22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of		19 1A 10 A
6. DATE OF BIRTH (month, day, end year)	or 19-31	I last saw h. afive on till bor 19 ; deeth is seid
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at
Stellborn	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Date of onset
SAWYER, BOOKKEEPER, etc.	Zavre	Chematine bruth
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		(4 months development)
SAW MILL, BANK, etc	II. Total time (years)	
this occupation (month and year)	spant in this	
14 9		Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	ing och	
	12 16	
I TOTAL	parc	
14. BIRTHPLACE (city or town) (State or country)	ry Paris	Name of operation
	An 12 Th.	What test confirmed diagnosis? Was there an autopsy?
I finding	far Julier	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	· · · · · · · · · · · · · · · · · · ·	Accident, suicide, or homicide?
01 1 12 711 1	If For	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALLE MAN (Address)	your.	Specify whether Injury occurred in MOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Home near St Ingo Di	ite 7200/9,1931	Nature of injury
19. UNDERTAKER archija E. B. (Address)	ell.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED: 20. T. 17., 19.3.1	py Black Zut	(Signed) (Address) Graf mills me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related cause of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	ISOS Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	З days ндо	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Civil engincer, Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, eman, (b) Automobile factory. The materia For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros: inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E haustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); as fracture of skull, (secondary Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory " "Shock," Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No y classificate. (If deoth occurred inWard) a hospital or institution, give its NAME I. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED may be n back OR DIVORCED Write the word) (Month) (Day) 6 DATE OF BIRTH That I attended the deceosed form 0 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: B OCCUPATION SERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 04 D W OG 10 NAME OF 31 FATHER 00 sh is ...192 (Address) ENT information etate CAUSI S *State the Disrase Causing Death; Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State of country) 0: 4 18 LINGTH OF RESIDENCE (For Hospitols, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathyrs........mos.......ds, (State or Country) 00 Where was disesse contracted, of 14 THE ABOVE IS TRUE BEST OF MY KNOWLEDGE if not at place of dea.h?... shor Every item CIANS sho statement Former or usual res.dence DATE OF BURIAL If more bonks are needed, address Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to c:ch and every person, irrespective cf worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid favor (never report "Typhoid Pneumonia"); Diphtheria ("Pneumonia"); Diphtheria ("

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronic valvular heart disease; Example: Measles (disease etc. Nomenclature of the The contributory Measles ;

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PLACE OF DEATH County St. Many 92-	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24 4
Village or City Charlotle Hall (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Warned	16 DATE OF DEATH, 192
5 DATE OF BIRTH July 5, 1909 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended the deceased from N. O. 16 193 to NOV 3.0 , 193 that I last saw h Am alive on N. O. 2.0 , 193,
7 AGE 2 yrs. 4 mos. 25 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at \$ 0 m. The CAUSE OF DEATH * was as follows: (antis insurant framework and the stated above, at \$ 0 m.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, mos ds.
10 NAME OF FATHER OSUPH TREMY. BLOWN 11 BIRTHPLACE OF FATHER	Secondary (Duration) (Signed) (Signed) (Address) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) Mary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Challitte Hall	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
Filed Now 30 19231 Li Hackon	Elmer B John Mechanica
If more hanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many As examples: (a)

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.—WRITE PLAINTY,

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH		108	369
County 1 Mary		Registration Dist. No. 227	
Village or City Constant	(1)	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where dea	th occurredyrsmos	ds. How long in U.S. if ol lorelgn birth?yrsm	os ds
2. FULL NAME norman	Vincent Can	poll	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE 5 Male Black	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24	, 193/
5a. II married, widowed, or divorced HUSBAND ol (or) WIFE of		22. I HEREBY CERTIFY, That + attended	
6. DATE OF BIRTH (month, day, and year)	la 7 5 1931	Hast saw h alive on Nov 24, 1931.	, 19
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	. , ucatii is saii
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	none	Loban Basamoria	Mac 23/1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc			1688 424-1
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town).	- 1 ocsapation	Other Coutributory Causes of importance:	
(State or country)			
II 13. NAME Willis Caron	fill		
14. BIRTHPLACE (city or town)		Nama of operation Data ol	
(State of country)	0 /	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Benanden 16. BIRTHPLACE (city or town)	- Chare	23. If death was due to external causes (VIOL ENCE) fill in also the following	
(Stata or country)		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Bunadia	e Complell	(Specify city or town, county and Stat Specily whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place At Nicholas	Date	Natura of injury	
19. UNDERTAKER Willis Can (Address)	ghell	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED	AJBen ko	(Signed) Of Second (Address) And Miles Mol	M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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"Exhaustion," "Heart failure," "Haemorrhage,"
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If this certificate is looked over thoroughly and a'l questione answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			7-1	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:	E CE	
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDIN

FOR

RESERVED

MARGIN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County 3f. Mary	CERTIFICATE OF DEATH Registration Dist. No. 28 4
Village or City Mechanics rule (No. 2 Jarla Parka et al 3 Jarla	St.: Ward) (If death occurred In a hospital or Institution, give its NAME Isstand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, widowed or DIVORCED (Write the word)	16 DATE OF DEATH Nov. 21 , 193/ Nov. (Month) 21 (Day) 193/(Year)
6 DATE OF BIRTH 8 , 1852 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Movie 192 192 192 192 192 192 192 192 192 192 192 192 192 192 193
7 AGE 19 yrs. 10 mos. 13 ds. or min.?	and that death occurred on the data stated above, at 9.30 Pm. The CAUSE OF DEATH * was as follows:
GOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Durstion)
(Informant) Elmer C. Jarbal (Address) Mechanismille — 15 Filed 2002 1923 Lungfactor	usual residence 19 PLACE OF BURIAL OR REMOVAL St. Joseph's Cernitary NOV. 23, 19.31. 20 UNDERTAKER ADDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4 5 5 5 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Without Hove France Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

5 1931

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Flyphoid fever (never report "Typhoid Pneumonia"); Cobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

•	RECORD. Every	. PHYSICIAN	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTLY.	properly classified. 1	certificate.
V. S. No. 1 MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH					10010
County St. Mary's			89-b	Registration Dist. No	283
Village or CityChapt.icc			Nodeath occurred in a hospital ords. How long in U.	institution, give its NAME instead .S. if of foreign birth?yr	St., Ward of street and number)
2. FULL NAME Elizabe					
(a) Residence: No.			St.,Ward.	If nonresident give city	or town and State
PERSONAL AND STATE	STICAL PARTI	CULARS	MEDICA	L CERTIFICATE OF E	DEATH
SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Married	RIED, WIDOWED, O (write the word)	21. DATE OF DEA	TH November	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of				EBY CERTIFY, Thet	I ettended deceesed from
DATE OF BIRTH (month, day, and year) AGE Years Months	Sept. 25, Days	1894 If LESS than I dey,hrs. ormin.	i last saw h <u>er</u> elive of to heve occurred on the dat	on NGV • 4 te stated above, at 1 P m. F DEATH and related causes of impo	, 1931; death is sald
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti	ime (years) nt in this upation	Schlert	ted Gerebro-spin	
2. BIRTHPLACE (city or town)	d.		Other Coutributory Causes (of Importenco:	
13. NAME Samuel B.	Hayden				
14. BIRTHPLACE (city or town)	ld.		Name of operation	isls? W	Date of
15. MAIDEN NAME Nanie Waring 16. BIRTHPLACE (city or town)			23. If death was due to exter Accident, suicide, or homici	rnal causes (VIOLENCE) fill in also	the following:
IT. INFORMANT John B. Lyon, Jr. (Address) Chaptico			Where did injury occur? Specify whether injury occu	(Specify city or town, co urred In INDUSTRY, in HOME, or In	unty and State) 1 PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Christ C. Cemeter Wete Nov. 5 1931					
9. UNDERTAKER R. C. Welch (Address) Chapti			24. Wes disease or injury in	any way related to occupation of d	eceased?
20. FILED 11/4/31 , 19 L.	B. Johnson	Registrar,	(Signed)(Address)	Thirtyam,	a/ 77/1- M.D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

SIG

UNITED STATES STANDARD CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEIVED 12/4/31 BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones 2 8:	May 1,1923	Gastroenteritis	1 year	

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

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MARGIN RESERVED

	2F1	ULL NAME	Bo	thy	Sp.	ears.
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3377

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 284

St.:Ward)	(If death occurred a hospital or instit tion, give its NAME I	u
	stead of street ar number.)	

18 LENGTH OF RESIDENCE	(For	Hospitals,	Institutions,	Trai
ients or Recent Residents)				
At place		In the		

of deathyrsmosds.	Stateyrsmos
Where was disease contracted, if not at place of death?	
Carrier or	

Forme	
usual	residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Home	NOV. 9, 193
20 UNDERTAKER	ADDRESS

16 W. Saratoga St., Balto., Requesting V. S. No. 1.

. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. approved by Committee on Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart Nomenclature Measles;

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13561 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. may be n back OR DIVORCED (Write the word) (Day) N N HEREBY CERTIFY. That I attended the deceased from nstruction (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVED ds. or min.? B OCCUPATION te (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Impoi MARGIN 9 BIRTHPLACE Secondary (State or country) Duration) 00 10 NAME OF FATHER Shot E OF (Address) 11 BIRTHPLACE PARENTS OF FATHER AUSI *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury (State or country and Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Inform should state ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER Where was disease contracted, if not at place of dea.h? CIANS short usual residence DATE OF BURIAL 20 UNDERT AKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseloborer, Farm laborer, Loverer the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Solesman, additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of age. For many occupations a single word or term on Julness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., (a) Foreman, Physician, Compositor, Architect, the first line will he sufficient, e. g., Former or Planter, Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material Locomotive engineer, 9 Grocery;

Statement of Cause of Death—Name, first, the pissea. If a vising death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Traemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepeis, taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of informatical AGE should be stated EXACTLY. PHYSICIANS should state

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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infe	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	TION is very important. See instructions on back of certificate.
H	Sh	E 0	33
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1. PLACE OF DEATH			(§).			
County It Mary			Registration Dist. No. 287			
Village or City Orangelem (If			MD. death occurred in a hospital or i	institution, give its NAM	St., IE instead of street a	nd number)
Length of residence in city or town where de	eath occurred	yrs,mos	ds How long in U.S	S. if of foreign birth?	yrs.	mos ds
2. FULL NAME Infont	- Jaylo	Y				
(a) Residence: No.			St., Ward.	16		16.
(Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS		MEDICAL	L CERTIFICATI	I give city or town		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARK		21. DATE OF DEAT		~	
Temale Oblack	Sun	de		(Month)	(Day)	, 193 ((Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	•		22. I HERE	BY CERTIF	Y, That I attend	led deceasad from
6. DATE OF BIRTH (month, day, and year)	or 8,19	7/	l last saw h alive or	witter	. 19	: death is sale
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date The PRINCIPAL CAUSE OF			•
8. Trada, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	m		Prematic	non the de	h	Date of onset
10. Date deceased last worked at this occupation (month and year)	11. Totaf tii span occu	ma (years) t in this pation	Other Contributory Causes of	importance:		
(State or country)						
13. NAME Robert & Z	ayer				*	
13. NAME Robert J J 14. BIRTHPLACE (city or town) (State or country) Man	gland		Name of operation			
15. MAIDEN NAME Manager 15. MAIDEN NAME Manager 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT AGAINMENT AGAI	Somm glad glad md	noille	23. If death was due to extern Accident, suicide, or homicid Where did injury occur? Specify whether injury occur	ei causes (VIOL ENCE) (a?	Date of injury	wing: , 19 State)
18. BURIAL, CREMATION, OR REMOVAL Place Home, her Drayle	-Date ha	8 ,19.3/	Manner of Injury			
19. UNDERTAKER Robert & Ja (Address) Dragolin	hid	~ · · · · · · · · · · · · · · · · · · ·	24. Was disease or Injury In o	eny way releted to occu	pation of deceased?	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset	The principal cause of death and related causes	Data of annat
	of importance were as follows:	para or ouser
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
Tay 1,1923	Gastroenteritis	1 year
	1921 dy5,1927	1915 Attack of epilepsy 1921 Run over by street car thy 5,1927 Peritonitis Other contributory causes of importance:

8. No.

N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County St. Mary S	CERTIFICATE OF DEATH
	Registration Dist. No. 283
Mad - W	,
Village or City Mchanismule (No.	St.: Ward) a hospital or institu-
2FULL NAME Margaret Wilson	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED.	Bov. 13, 193
Timale Colored (Write the word) Widowed	(Month) [5 (Day)/ 93/ (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Hot known ,	Nov 9 — 195/. to, 192,
(Month) (Day) (Year)	that I last saw h Nalive on NN 9, 1921,
7 AGE [If LESS than	and that death occurred on the date stated above, at 430a m.
(a) not known I day hrs.	The CAUSE OF DEATH * was as follows:
90, J yrsds. ormin.?	Myocarditis -
8 OCCUPATION (a) Trade, profession or	aurisular populations
particular kind of work	V
(b) General nature of industry business, or establishment in	
which employed or (employer) Mane	(Durstion)yrsmosds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Many level.	(Duration) yrs mos ds.
10 NAME OF	1000
FATHER Mot known	
O II BIRTHPLACE OF FATHER	/N. (3 197) (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Q 12 MAIDEN NAME	
<u>a</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsde. Stateyrsde, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Chada R.C.	Former or usual residence
(Informant) Clydle Kalley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Milhausanalle	of mousting Center NOV. 16 1.3/
15 May 15 21 d 1 1 1 Source	20 UNDERTAKER ADDRESS
Filed 1921 Registrar	Day Sachard Weekan will
If more branks are needed, address State Registrar	. 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.
or server when the treatment manthes were builting	,

12270

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. American Medical Association.) Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as or intercurrent) affection need not be ss important. Example: Measles (disease Committee on Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory Nomenclature

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